

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	2					
5	2					
6						
7	1					
8	1					
9						
10	1					
11						
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1					
20	0					
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50						
TOTAL IND.	2					
TOTAL DEP.	32					
TOTAL CLAIMS	24					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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